

## STATE OF ARIZONA

## NOMINATION PAPER AFFIDAVIT OF QUALIFICATION CAMPAIGN FINANCE LAWS STATEMENT [A.R.S. §§ 16-311, 16-905(I)(5)]

SEGRETARY OF STATE

2016 MAY 31 PM 5: 16

FOR OFFICE USE ONLY

| You are hereby notified that I, the undersigned, a qualified                    | ed elector, am a candidate for the office of                 |
|---|--|
| STATE SENTE, LEGISLATIVE DISTALL  | r 18 subject to the  |
| action of the   | Party, at the Primary Election to                            |
| be held on A-51+ 30, 2016   | , and at the General Election to be held                     |
| be held on Agust 30, 2016  November 8, 2016                                     | _, should I be nominated.                                    |
| I will have been a citizen of the United States for <u>3</u>                    | years next preceding my election and will                    |
| have been a citizen of Arizona for  | ding my election and will meet the age                       |
| requirement for the office I seek and have resided in                           | County for 2 years and in                                    |
|   | 2 years before my election.                                  |
| I do solemnly swear (or affirm) that at the time of filing                      |  |
| precinct which I propose to represent, I have no final, outstandir              | ng judgments against me of more than an                      |
| aggregate of \$1,000 that arose from failure to comply with or enfor            | rcement of ARS Title 16, Chapter 6, and as                   |
| to all other qualifications, I will be qualified at the time of election t      | o hold the office that I seek, having fulfilled              |
| the constitutional and statutory requirements for holding said office           | ), ·   |
| 9429 S 47h Place  Actual residence address or description of place of residence | Phoenx 85044   |
| Actual residence address or description of place of residence                   | (city or town) (zip)   |
| NA  |  |
| Post office address   | (city or town) (zip)   |
|   |  |
| Print or type your name on the following line in the exact manner you           |  |
| wish it to appear on the ballot. A.R.:  | S. § 16-311(G).  |
| BOWIE   | SEAN   |
| LAST NAME   | FIRST NAME   |
|   |  |
|   |  |
| State of Artana County of Manager   | CANDIDATE SIGNATURE  |
| County of Manager   | CANDIDATE SIGNATURE  day of May , 20 16                      |
| Clare of  | day of May, 20 14.  Algorithms of May, 20 14.  Notary Public |